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COVER LETTER

TO:	Registration Section Division of Corporations				
SHRI	ГЕСТ:	SECUREXPI	ERTS, INCORPO	RATED	
SUB		ne of corporation	n - must include	suffix	1-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation t	ate of Good Sta	inding" and che		
Please	return all correspondence conce	rning this matt	er to the followi	ng:	
		Darnell L.	Washington		
		Name o	f Person		
		SecureXper	ts, Incorporated		
		Firm/Co	mpany		
		SecureXper	s, Incorporated		
		Add	ress		_
	NASA As	tronaut Memoria	l Foundation Buil	ding M6-306	
		City/State	and Zip code		
					ton@securexperts.com)
	E-mail addr	ess: (to be used	for future annu	al report noti	fication)
For fur	rther information concerning this	s matter, please	call:		
Darnel	ll Washington	404	693-5100		
	Name of Person	at (Area Co	de Dayti	me Telephon	e Number
	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:	Regi Divi P.O.	ILING ADD stration Secti sion of Corpo Box 6327 ahassee, FL	on orations
Enclos	ed is a check for the following a	mount:			
= \$70	0.00 Filing Fee	ling Fee & le of Status	■ \$78.75 Filing Certified Cop		\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	SECUREXPER	TS, INCORPORATED			
		orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
	SECUREXPER	TS INFORMATION SECURITY CONSULTING	, INCORPORATED		
2.	Georgia	able in Florida, enter alternate corporate name ado			da)
4.	(State or countr 02/08/2001		(FEI number, if appli		
		e of incorporation)	(Date of duration, if other tha	an perpetual)	
6.					
		(Date first transacted business in Florest Sections 607.1501 & 607.1502	orida, if prior to registration) F.S., to determine penalty liability	1	
_		NASA Astronaut Memorial Foundation, Building			
7.		(Principal o	office address)	Eg	6
		(Current mailing a	ddress, if different)		-7
8.	Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)		
	Name:	Darnell Washington	_		60 :ħ
O:	ffice Address:	1524 Oak Hill Trail			-3627
<u> </u>		Kissimmee	— 34747 , Florida		
		(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



11. Names and business addresses of officers and/or directors:

A. DIRE	RECTORS 16 MAD =	7 Pä 6: 09
Chairman:	an: SRC/	
Address: _		PE DIALE
Vice Chair	airman:	
Address: _	:	
Director:	;	
Address: _	:	
- Director:	<u> </u>	
	i	
B. OFFI	Darnell Washington	
Address: _	1524 Oak Hill Trail	
_	Kissimee, FL 34747	
Vice Presid	Desiree Carter	
	1524 Oak Hill Trail	
_	Kissimee, FL 34747	
Secretary:	y:	
Address: _	:	· · ·
Treasurer:	er:	
Address: _		
NOTE: 1	If necessary, you may attach an addendum to the application listing additional officers are	nd/or directors.
are true ar a third de	Signature of Director of Officer icer or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Departm degree felony as provided for in s.817.155, F.S. rnell Washington, President/CEO	

Control Number: 0106762

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SECUREXPERTS, INCORPORATED

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12875832 : 02/07/2001 : Georgia : 03/03/2016



B: P. Kemp Secretary of State